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CONFIRMATION NO. 6449

<b>SERIAL NUMBER</b> 10/025,505	<b>FILING OR 371(c) DATE</b> 12/19/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 1114	
<b>APPLICANTS</b> James F. McGuckin JR., Radnor, PA; Paul Tashjian, King of Prussia, PA; Michael W. Paris, Hatfield, PA; Peter W.J. Hinchliffe, Downingtown, PA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/260,592 01/09/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/19/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> NEIL D. GERSHON REX MEDICAL 1011 HIGH RIDGE RD. STAMFORD ,CT 06905					
<b>TITLE</b> DIALYSIS CATHETER AND METHODS OF INSERTION					
<b>FILING FEE RECEIVED</b> 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		